

Town of Islip

Department of Parks, Recreation & Cultural Affairs

HISPANIC HERITAGE CELEBRATION 2016

Please review the categories listed below and use the enclosed nomination form to submit the name of a person you believe has made an *outstanding contribution in their field*.

CATEGORY	DESCRIPTION
Business	Business Owner
Communications/Media	Radio, Television, Newspaper/Publications, or Graphics
Community Service Volunteer	A volunteer in any community organization (unpaid position)
Community Service Professional	Professional or Paraprofessional (Paid position, i.e. Social Worker)
Design	Art, Fashion, Interior, and Landscape Design/ Architect
Education	Educator or Administrator in a public or private learning institution
Health Care Provider	Nurse, Pharmacist, Nutritionist, Psychologist. Physical/Occupational, Respiratory Therapist, Midwife or Physician's Assistant
Law	Judiciary, Attorney, or Paralegal
Law Enforcement	Police, Court or Peace Officer
Medicine	Physician, Dentist or Veterinarian
Military	Active/ Retired or Active Reserve Member of the US Armed Forces
Religion	Clergy, Religious Instructor/Administrator or Volunteer
Science	Scientist or any Professional in the field of Science (i.e. Physicist, Chemist, Biochemist, Biologist, Physiologist)
Sports	Athlete, Athletic Director, Coach or Sports Trainer
Technology	Computer Professional, Technician or Support Staff
Visual & Performing Arts	Theater, Dance, Music, Art or Literature (Artist, Sculptor, Vocalist)

TOWN OF ISLIP
Department of Parks, Recreation & Cultural Affairs
**2016 HISPANIC HERITAGE CELEBRATION
AWARD NOMINATION FORM**

Award Category _____
(See Award Category List)

Nominee _____

Title/Position _____ Organization _____

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Nominated By _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

For nominee to be considered, you must submit ONE packet which includes all of the following:

- 1) A completed Nomination Form**
- 2) A professional/ personal resume of nominee**
- 3) Two (2) letters of recommendation from associates or colleagues**
- 4) A brief personal biography of nominee**

Nominations can be mailed, e-mailed, or faxed.

Address: Town of Islip
Department of Parks, Recreation & Cultural Affairs
Attention: Maria Figalora
50 Irish Lane
East Islip, NY 11730
E-Mail: mfigalora@islipny.gov
Fax: 631.224.5316

Nominations must be received by Friday, August 19, 2016
For further information please call (631) 595-3500, ext 1033

PERSONAL BIO SUMMARY

NOMINEE NAME:

ADDRESS:

PHONE NO: _____

(W)

(Cell)

PERSONAL INFORMATION: Please provide a brief history of the nominee's place of birth, childhood, current accomplishments, etc. /academic degrees/ fields of study. (Please attach a separate sheet of paper if necessary).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

FAMILY

Spouse's Name: _____

Children's Names/Ages:

EMPLOYMENT (business ownership or corporate affiliations):

Job title/responsibilities:

Other relevant professional experience:

COMMUNITY/VOLUNTEER ACTIVITY:

List any community/civic organizations the nominee has belonged to, including present or past offices held:

Please list activities the nominee has organized and/or participated in which have helped improve your community: (Please attach a separate sheet of paper if necessary)
